

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

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**Virginia Board for Barbers and Cosmetology
WAX TECHNICIAN – WAX TECHNICIAN INSTRUCTOR
EXAMINATION & LICENSE APPLICATION**

Instructions: Complete this form and mail it with a cashier's check, money order, or credit card payment for the full amount of the fee, payable to **Professional Credential Services, Inc.** at the Professional Credential Services address above. Upon passing the exam, Professional Credential Services, Inc. will send you a FEE CARD. Submit the **signed** FEE CARD and license fee to the Virginia Board for Barbers and Cosmetology at the Department of Professional and Occupational Regulation.

Select the examination you are requesting. Select only **one**.

<input checked="" type="checkbox"/>	Examination	Fee
<input type="checkbox"/>	Practical & Theory Exam	\$115.00
<input type="checkbox"/>	Practical Exam	\$ 45.00
<input type="checkbox"/>	Theory Exam	\$ 70.00

1. Name

Last First Middle Generation

2. Social Security Number or Virginia DMV Control Number *

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* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a Social Security Number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth

4. Maiden Name or Former Surname(s)

5. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

City

State

Zip Code

6. Mailing Address (PO Box accepted)

If a mailing address is submitted, the mailing address will be printed on the license.

City

State

Zip Code

7. E-mail Address

8. Contact Numbers

Primary Telephone

Ext

Alternate Telephone

Ext

Facsimile

9. Have you ever taken the Wax Technician or Wax Technician Instructor Examination in Virginia?

No

☐

Month(s)/Year(s) Taken

Wax Technician

☐

Wax Technician Instructor

☐

10. Do you have a current or expired Virginia Wax Technician License?

No

☐

Yes

☐

Virginia License Number

Expiration Date

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
			1020			12	

11. Are you applying to take the Instructor Examination?

No ☐

Yes ☐ VA Wax Technician License No. _____ Expiration Date _____

If yes, skip to #13.

12. Which method are you using to qualify for the examination? Select only ONE.

☐ Completion of an approved wax technician training program in a Virginia licensed waxing school, a Virginia public school wax technician program approved by the Virginia Department of Education or training that is substantially equivalent to the Virginia Program

Required Documentation: A completed *Training & Experience Verification Form*

☐ Completion of 115 hours of wax technician training which is substantially equivalent to the Virginia program that is obtained outside the Commonwealth of Virginia, but within the United States and its territories

Required Documentation: A diploma or official school transcript indicating successful completion of 115 hours of instruction or written verification from the Licensing Board in the state where the 115 hours of training were received

☐ Completion of a substantially equivalent wax technician course (consisting of less than 115 hours of training) and six months of wax technician work experience

Required Documentation: A certificate, diploma or other documentation verifying successful completion of the wax technician course and a completed *Training & Experience Verification Form* documenting at least six months of wax technician work experience

☐ Virginia licensed cosmetologist

Required Documentation: ENTER VIRGINIA COSMETOLOGY LICENSE NUMBER HERE:

☐ Wax technician training obtained in any Virginia state institution

Required Documentation: A completed *Training & Experience Verification Form*

☐ Two years of waxing experience in the United States armed forces

Required Documentation: A completed *Training & Experience Verification Form*

13. Do you have a current or expired wax technician license, certification or registration in any state or jurisdiction within the United States or its territories (excluding Virginia)?

No ☐

Yes ☐ List the licenses, certifications and registrations in the following table.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

14. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

15. Have you ever been convicted in any jurisdiction of any misdemeanor or felony? *Any guilty plea or plea of nolo contendere must be disclosed on this application.*

No ☐

Yes ☐ If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

16. Are you applying for a temporary permit? **DOES NOT APPLY TO STUDENT INSTRUCTOR TEMPORARY PERMITS.**

No ☐

Yes ☐ If yes, your sponsor must complete and sign the following sponsorship statement.

I, the undersigned, agree to supervise all activities related to the practice of waxing for the named applicant, and shall be responsible for his/her waxing activities during the time the temporary permit is in force.

Printed Name of Sponsor

Signature of Sponsor

Sponsor's VA Wax Technician or Cosmetology License No. _____

17. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Wax Technician Regulations*.

Signature _____

Date _____

Attach

Recent 2x2
Head & Shoulders
Photo Here

**Photocopy pictures are not
permitted**